



The Examiner

Naval Hospital, Twentynine Palms

"Serving with Pride and Professionalism"

Volume 3, No. 7

July 1995

Spotlight On...

OB/GYN Clinic at 29 Palms committed to patient care

The OB/GYN department here provides Obstetrical and Gynecologic services to OB/GYN patients 24 hours a day, seven days a week. They provide a comprehensive approach to women's health care issues from adolescence to menopause.

In conjunction with the Family Practice Department, the OB/GYN Department on the average manages between 40 and 50 deliveries a month on the hospital's Labor and Delivery Unit.

Staffing support for the department includes three OB/GYN physicians, two Certified Nurse Midwives, one registered nurse, one Licensed Vocational Nurse, one Medical Ward Clerk, and nine active duty Corpsmen.

Lieutenant Vickie Weaver, the OB/GYN Division Officer says, "We perform a vast array of procedures here in the clinic and are highly committed to educating our patients to the psychologic and physiologic health changes that occur throughout each phase of life. We are also totally committed to the highest quality of health care possible." Lt. Weaver goes on to say that the clinic staff is constantly receiving thank-you letters in the mail and praise in person for the various jobs that they do. She says, "Our clinic staff truly enjoy what they do. We love interacting with each one of our patients. We feel there is nothing more important to us than our clients and their families." Lt. Weaver says that many of the patients seen in the OB/GYN Clinic are followed through the entire length of their pregnancies or possibly throughout a long term gynecologic problem.



The staff of the OB/GYN Clinic stand ready to serve their patients.

...the clinic staff truly believe in the 'TEAM' approach, which is an acronym for Treat Everyone As Me...

According to Lt. Weaver, the clinic staff truly believe in the 'TEAM' approach, which is an acronym for Treat Everyone As Me. She goes on to say that health care providers are caring and feeling human beings. She points out that as health care providers, they share in the joy and the occasional pain and losses of their patients.

The OB/GYN Department at Naval Hospital Twentynine Palms sees between 700 and 1,000 patient visits monthly. Included in these patient appointments are active duty service members and their families, as well as a large retired patient population base located in the hospital's catchment area. Obstetrical services offered include both low risk obstetrics, as well as full service high risk obstetrics.

Lieutenant Commander Jon Lund, head of the OB/GYN Department says that the obstetrical goal for each pregnant patient is that they would have an enjoyable and personally fulfilling pregnancy with the outcome being a healthy baby and a healthy mother.

Approximately two thirds of the clinic patient appointments are related to obstetrical services. The clinic provides extensive fetal monitoring and surveillance to confirm the well being of babies. The clinic provides close to fifty non-stress tests weekly in support of fetal

monitoring. The clinic also provides extensive ultrasound surveillance and monitoring. This ultrasound capability allows more accurate dating in the pregnancy and also screening for potential complications during the pregnancy.

The clinic also supports and provides comprehensive gynecologic services. These services provide for acute care appointments and follow-up from emergency room visits. The clinic also promotes annual exams and pap smears, emphasizing the preventive aspect of medicine. Dr. Lund also points out that the department provides full service gynecologic surgical services. In conjunction with the Anesthesia Department and the Perioperative Services Department, the OB/GYN Department provides state-of-the-art surgical capabilities. Dr. Lund says that over the past two years since moving into the new hospital, significant improvements have been made in surgical capabilities. In keeping with national trends, laparoscopic surgeries have increased in number and complexity. The department has also become extensively involved in what is called the LEEP

Continued on page5

**Command Master Chief says
farewell... page 3.**

**21st Century is 'Age of
Information... page 4.**

**Hospital Corps Dinner
photos... page 6 & 7**

The Hart of the Matter!

"MEASURING—the activity needed to unlock resources"

It used to be, in a simpler age, that one did things because: 1) "It seemed like the right thing to do." 2) "It has always been done this way." 3) "It's required." or 4) "That's the way I was taught."

That was an age when there was less competition for resources. Little or no justification was required for budget requests. Cost effectiveness was assumed. Consumers did not (much) question the quality of the service or product.

'Well, times is differnt now.'

Not only must one provide considerable justification for resource expenditure (money, time, people, energy, etc.) but that justification must be verifiable, i.e. measurable.

Measuring is no simple matter. *Real* measuring involves all kinds of terms we thought we had left behind in college or had never heard in the first place. Words like "validity, reliability, statistical significance, population sampling, statistical bias."

If we are going to spend resources on some activity, we must be able to demonstrate that the expenditure results in satisfaction of the goal and/or improvement of the process for which it is intended to help. We can only demonstrate "it helped" if we can measure the condition before and after.

The point of measuring is this: If we are going to spend resources on some activity, we must be able to demonstrate that the expenditure results in satisfaction of the goal and/or improvement of the process for which it is intended to help. We can only demonstrate "it helped" if we can measure the condition before and after.

Let's take for example, Quality of Life (QOL). The "Single Corpsmen Advocacy Society (SCAS)" has petitioned the CO to provide Snowboards and Mountain Bikes at reduced rates to members of the hospital staff. Snowboards and Mountain Bikes will fill the recreation void experienced here in the Desert Paradise. This will cost approx \$10-12,000. There's lots of variables here but how are we going to determine if this is money well spent? First we have to decide what to measure--Are we just trying to quiet a bunch of ex-skateboarder renegades? Or is there a more meaningful end-goal? How about following the logic that an increase in QOL perception will increase commitment to the Navy, increase work productivity and increase personal readiness to deploy?

The challenge then for the CO will be to design a QOL measurement tool that assesses this commitment/productivity/readiness end-goal, do a snowboard trial, remeasure after a year or so, and then decide, *based on measurement*, that this snowboard venture is cost effective or not.

This same process of measure, trial, remeasure (PDCA for you TQI.ites) can be applied to medical procedures, medical equipment, food service, safety programs, preventive medicine programs etc. It is not easy to design a statistically significant measure, but it is the only way one will ever know if resources spent are worthwhile.

In the future rapidly approaching, initiatives will likely not receive funding unless a plan for measurement of improvement is submitted



Captain S.E. Hart

simultaneously. The ability to measure is fast becoming the only way to unlock resources.

Good Safety Habits Make Good Sense

By Charlotte Meinecke, R.N., Nurse Educator, Naval Hospital

Safety is an area that is all too often overlooked by even the most safety-conscious among us, both in the home and the workplace. It amazes me to see people who exercise and eat well, but then they forget to put their seatbelt on in the car. Or they attend time management and job performance improvement classes, but don't take time to use their safety equipment properly. Good safety habits make good sense, as well as provide you with a sense of security, ease and control.

Safety starts in the home. A good start are basic safety ingredients such as smoke detectors and fire extinguisher. Emergency numbers should be easily obtained in an accessible place. Cleaning agents and medicines stored well out of the reach of children, even though children may not live in your household, they may visit. Scattered rugs, electrical cords, furniture, etc should not be positioned in a way which could cause accidents. Lighting (inside and outside) the home should do just that, especially when there are children or persons with problem vision in the home.

Safety also involves proper lifting procedures both at home and at work. When lifting objects, hold the item close to the body, while lifting with the legs and never with the back. Twisting motions should be avoided while lifting. If a heavy item is to be lifted, invite the assistance of a lifting aid or a friend.

Safety equipment is vital whenever using machinery or working in a dangerous area. When working under these circumstances (at home or at work), there must be the commitment to be at your best when operating any machinery, free from alcohol and drugs. Even a "simple" over-the-counter cold medication can compromise your safety while operating machinery, read the labels.

Safety belts are life savers, not only for children, but for adults as well. Distractions should never be allowed to distract you when in a moving vehicle. The safety of those in and around your vehicle should always be considered.

For further information on this or other topics, contact Charlotte Meinecke, Nurse Educator, Naval Hospital, 830-2218.

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The *EXAMINER* staff would like to thank all those who participated in this Edition.

When you read this I'll be fishing!

Obviously I was wrong about last month being my last article! It seems I forgot that my relief would not be on board until the 21st of June and the deadline for articles is the 15th of the month. So here we go again, one more article to write before I leave. In fact, I'll be fishing in Northern Minnesota when you read this.

A lot of nice people have expressed concern that I'm leaving and I do appreciate that. I've even heard comments that I'm irreplaceable. Well the truth is no one is irreplaceable! The real truth is they are comfortable with me because they know me and how I operate and my replacement is obviously an unknown quantity.

We all know that when you're in the military people are transferring in and out about every two to three years. However that doesn't change the fact that we are all a little apprehensive when a CO, XO, DNS, CMC, Department Head or Leading Chief is transferring and someone new is coming in to take their place. All too often we perceive the new person coming in as a potential threat to our "Comfort Zone!" Questions start popping into our head like "What will they be like," "Will his or her priorities be totally different from their predecessor" will they have a personality of a dead fish!"

And by the time that individual arrives we have virtually convinced ourselves that there is absolutely no way that person could possibly be as good as his or her predecessor. In fact we become so sure of our ability to fore tell the future that we stock our desk with extra maalox and tylenol in anticipation of the eventual confrontation with the new "boss." And God forbid if the new arrival fails to smile the first time our paths cross! The first thought in our minds will be, "HA HA! I knew we were in trouble!"

I think we are all guilty at one time or another of slipping into a "comfort zone" type mentality. And when that happens we tend to consider any potential changes to that zone a threat. I know I personally use to dread the thought of having a top echelon individual, who I also liked or respected, leave in the middle of my tour. And I was guilty of some of the same stupid thoughts I have outlined above.

But I think all too often we forget that we too are placed into the position of being the "New Person" checking into a new command on several occasions during our career. And on some of those occasions we are replacing someone who was extremely well liked and had done an outstanding job while they were there.

And when we are in that position don't we hope that we are going to receive a friendly welcome on board our new command? And is it wrong to expect that we will be given a "grace period" to demonstrate our ability and worth as a human being? I hope not!

This summer, like virtually every summer in the military, there will be a fairly large turn-over of staff personnel. Many of those leaving will have held key leadership positions for a number of years. And many of those leaving may well have been well liked and respected. However don't forget many of the new personnel reporting here to replace them also held key leadership positions for



HMCN R.A. Lubitz

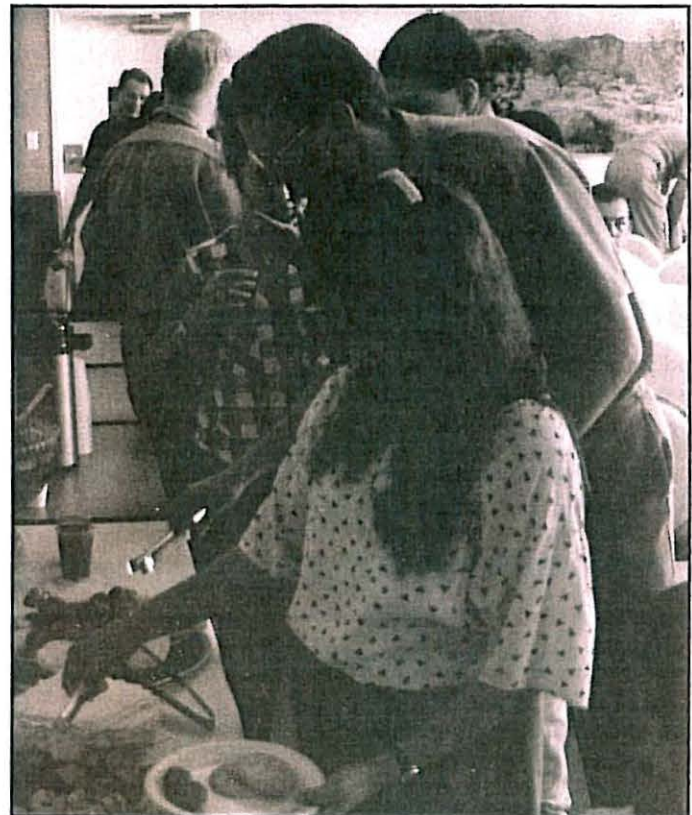
many years at their old commands too. And many of them were also well liked and respected at their previous command also.

So when all those newly arriving personnel start checking in during the next few months please take the time to introduce yourself. And Also, please allow them the time to demonstrate their abilities and individual personalities before you form any lasting opinions of their net worth as a human being.

I would especially hope you would give your newly arriving Command Master Chief (HMCN Clifton Howard) the opportunity to learn his way around the command and the opportunity to learn individual faces, places and issues before you form any of those lasting opinions! If you give him your support and the opportunity to grow into the job you may find that he is one fine Sailor in every sense of the word. As I said early in this article, "No one is irreplaceable" and that applies especially to me! The simple truth is Master Chief Howard will probably do a whole lot better at the job than I did, if you just give him the chance.

Hope to see you all at my retirement ceremony which is scheduled for 1400, 29 September 1995. Enjoy your summer and if you're planning to take leave this summer please drive carefully. For those of you transferring this summer thank you for your support and I hope you enjoy that new duty station.

Spouse Appreciation!

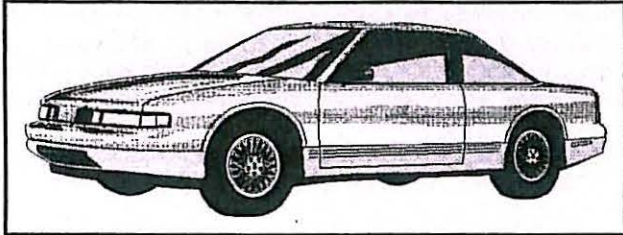


Naval Hospital Twentynine Palms recently held its first official Navy Spouse Appreciation Day in the hospital's galley. Certificates of Appreciation were handed out to the spouses in attendance and refreshments were served.

Naval Hospital to enter the 'Information Age'

By Commander Robert E. Connors, MSC, USN, FACHE
Director for Administration

Some historians have recently written that the 20th century will be known as the age of the automobile. I'd have to agree. Very few other inventions in the 1900's have had such a significant impact on our daily lives. But what can we predict for the 21st century? (Yes, it's hard to believe, but the year 2000 is only 5 years away.) I believe that the use of computers and telecommunications in the 21st century



20th Century... age of the automobile

will affect our lives to a greater extent than the automobile did. The proliferation of computerized information services such as CompuServe, America on Line, Prodigy, and Genie is evident. Tens of millions of people all over the world are using these services to send electronic mail, shop, bank, arrange travel, and conduct personal and business research. The recent rapid development of the Internet, a collection of millions of personal computers, and the World Wide Web, a graphical interface to text, databases, videos and sound on the Internet, have made it easier for even more persons to access information. We are rapidly developing into a world of persons who have access to information and those who do not. In fact, some futurists have already coined the term, "The Information Age" to describe the environment which we all will face.

'We are rapidly developing into a world of persons who have access to information and those who do not.'

The 5 June 1995 edition of Time Magazine echoes what is happening around us. On the cover is a man named Bill Gates, founder of Microsoft, Inc., proclaiming him "Master of the Universe." Some of you know the story. While in high school, Mr. Gates wrote a disk operating system for personal computers which became known as MS-DOS. An astute businessman, Mr. Gates retained the rights to this software, and he then licensed this software to IBM and other major computer companies, gaining huge royalties.

Eighty percent of the world's personal computers now need this basic operating system to function, and others rely on Microsoft's Windows software, making Mr. Gates the richest man in the world with an estimated net worth of 10 billion dollars. But Mr. Gates does not want to stop there. He is a visionary who now wants to provide the public easy access to the "Information Superhighway" promoted by Vice-President Gore. He is also leading Microsoft to develop a system for interactive TV and has started piping it into approximately 120 homes in Redmond, Washington. Interactive TV will permit at home shopping, banking, travel arrangements, and your selection of millions of movies, games, and magazines, and newspapers on demand. Cable operators around the world have agreed to test the system. Joint ventures with Hollywood are under development. Microsoft is working with credit card companies like Visa, International, so you can pay for all of these services as well. The

company has also invested heavily in companies that can deliver electronic mail and brief messages over radio links.

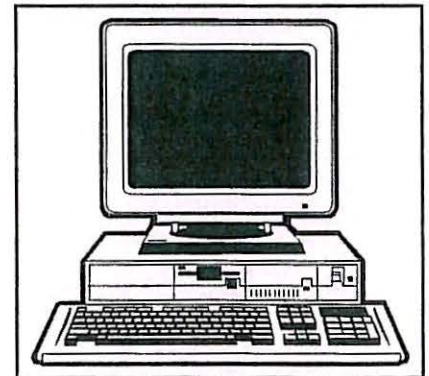
So, how will all of this affect us at work, here at Naval Hospital, Twentynine Palms?

Captain Paul Tibbets, MC, USN, Commanding Officer, Naval Medical Information Management Command, Bethesda recently informed me that the Medical Open Architecture project (MED-OA) will be implemented at this command by 31 July 1995. Approximately 70 users will have access to the Internet from their desktops. When accomplished, this will be a huge step forward for this command. Users will have worldwide electronic mail capability; the ability to transfer files from computers all over the world via an Internet tool called FTP; and access to research information in government, universities, and the private sector via the World Wide Web, Gopher, WAIS, USENET News Groups, and other Internet Services.

What are the practical implications in our day to day work? As examples, a physician in the Family Practice clinic include the ability to download case studies from several sources and receive continuing medical education credits. Our radiologist will be able to download high resolution computerized axial scans of the normal human body from the National Institutes of Health for comparison purposes. Administration will be able to upload our Medical Expense Performance Report without delays. Central Files will be able to quickly retrieve copies of any DOD, Navy, or Marine Corps instruction. In sum, MED-OA will enhance internal and external communication with numerous parties and we will have access to the latest information on numerous clinical and medical-administrative subjects.

Along related lines, the Commanding General, MCAGCC recently directed the implementation of the Lotus Notes Groupware Program among senior leaders at the Combat Center. Lotus Notes allows multiple users to share databases, spreadsheets, and text documents using the Lotus SmartSuite package and other nationally known software. It also includes an advanced E-mail system which is seamlessly integrated into the package, and supports group scheduling. Lotus Notes is used at the Headquarters of the Marine Corps and will be used by the Office of the Lead Agent for Region Nine TRICARE.

I have also been working with personnel at the Naval Medical Logistics Command, Fort Detrick, Maryland; the Naval Medical Information Management Command, and the Bureau of Medicine and Surgery to convince them that Naval Hospital Twentynine Palms should be designated a Telemedicine Test Bed. The Navy Telemedicine Initiative is composed of three types of emerging technology: videoteleconferencing (VTC), teleradiology, and still image systems. As described in a recent Naval Medical Information Management Center letter, "VTC provides real-time full motion video and audio communications between two sites, and will be used for clinical and professional education, clinical consultations, and command and control functions. Teleradiology involves filmless



21st Century... age of information

Continued on page 9

Getting Through Divorce

By Lieutenant Junior Grade S. Ortega CHC, USNR

Getting through a divorce can be one of the most painful experiences that anyone can have. To some it is the end of the world. Life is just not the way you planned it out to be. Instead of continuing the same family traditions that once existed, now you are faced with different problems and questions. 'How am I going to survive?' 'My friends don't treat me the same anymore.' 'I'm so lonely.' 'My life is over!'

Is life really over when you're divorced? To some it is, but to others it isn't. You make the choice. Your happiness in the future must be formulated today. You must take action. A person can come up with so many excuses as to why they are having so many problems and feeling so depressed. Some of our problems and feeling stem from the way we cope with life.

How do you get through your divorce? I would like to share a few things that will help you get through your divorce. Look them over and see which things you are doing and those that you still need to do.

- **Remember that you are not alone.** When loneliness strikes, reach out for others. Call your friends. Invite them for dinner. Before the weekend comes, plan what you want to do. Communicate with those that have also gone through a divorce.
- **Take time to grieve all the losses.** You have not only been separated from your spouse. You probably lost your identity, your place in the family/church/community, and financial security. You must accept this. Only by doing so will you become mentally strong and emotionally whole. Speaking with close friend, your minister, and a support group will help you grieve productively.
- **Be nice to yourself.** Take time to exercise. Get plenty of rest. Watch your diet. Ride a bike. Play board games with a group of friends.
- **Develop your spiritual side.** You can develop your spirituality by asking these questions; 'Why did God let this happen to me?' 'Why doesn't God straighten out my spouse? What meaning is there to my life?' Books like Peter Kreeft's philosophical *Making Sense Out of Suffering* and Jim Smokey's down-to-earth *Growing Through Divorce* can help.
- **Learn to forgive.** Forgiving your spouse is probably the most difficult thing you can do but it is essential to mental health and happiness. To be able to forgive, you must first experience God's forgiveness in your own life.
- **Assess your situation and take action.** Professional help can be invaluable at this time of re-assessment. You must now make short and long-range plans. The trick is to fight through the confusion that often follows divorce until you find the first step toward progress, and then to muster the courage to take that step.
- **Reach out to others.** Helping others actually lessens your suffering. It's a sure antidote to depression and loneliness.

Try these principles in your life and you will see that you can still be filled with happiness even when after going through a divorce.



HM3 Michael Bagley recently reenlisted for another tour in the U.S. Navy.

OB/GYN...

Continued from page 1.

biopsy procedure. LEEP stands for Loop Electrosurgical Excision Procedure and is a very important tool in the management of cervical dysplasia. Dr. Lund points out that the management of cervical dysplasia is a very critical part of gynecologic care. A very important part of the management of cervical abnormalities rests with Christina Logan, the Licensed Vocational Nurse, who is assigned as the Colposcopy Clinic Nurse. Christina manages approximately 200 active colposcopy charts and supervises the processing and recording of over 3,000 pap smears yearly.

According to Dr. Lund, the OB/GYN Department at Naval Hospital Twentynine Palms has two basic goals. First, the department strives to constantly improve patient care by increasing services offered, improving appointment accessibility, as well as striving to always improve quality of services offered. The second goal for the department is to strive to improve patient education. By spending time with patients in the area of educating them on their own health, the department hopes to make a significant contribution to the well being of our patient population. Together with each of the other departments in the hospital, the OB/GYN department would strive to emphasize the preventive part of medical care. Dr. Lund points out that Lt. Weaver has done an outstanding job in enhancing patient education through the establishment of the OB Update Class. Meeting twice monthly, this class gives to obstetrical patients information surrounding the New Parent Support Group, Navy Relief, Dietary Counseling, and the WIC program. The establishment of this OB Update Class is a strong plus for obstetrical patients at Naval Hospital Twentynine Palms.

The Department of OB/GYN and the OB/GYN Clinic truly consider it a privilege to be part of the team providing health care for each of our families. Lt. Weaver points out that as a department and clinic they are totally committed to constantly improving patient care. She strongly desires to discuss any concerns the patients may have about health care issues or any difficulties encountered in the clinic. She can be reached at 830-2449 during normal working hours. As many patients here attest to, the OB/GYN Department certainly is committed to patient care.

Happy Fourth!

Of July 1995

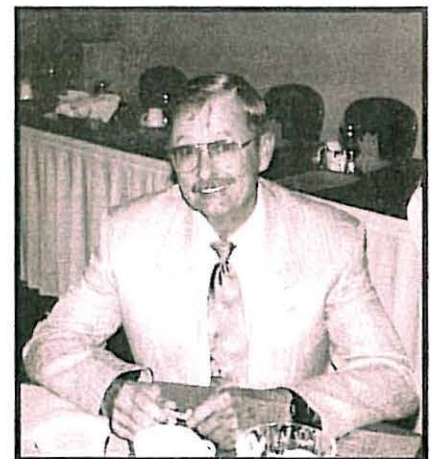
Dinner was good, dancing was fine!

A message from General C.E. Mundy, Jr., Commandant of the Marine Corps

On behalf of the Marines everywhere, I extend my heartiest congratulations and best wishes to the members of the Hospital Corps on the occasion of your 97th Anniversary. Since your founding on 17 June 1898, the Hospital Corps has developed a special bond with Marines. Whenever and wherever we have gone into harm's way, Marines took comfort in the knowledge that when the call "Corpsman Up" was sounded, it would be answered. Your legacy is one of courage, compassion and skill. Whether serving alongside us as an integral member of the unit or treating Marines and their families in a Navy Hospital or Clinic, your presence is reassuring to us all. Your record of service and tradition of excellence have made the Hospital Corps a key component of the Navy/Marine Team, and this will continue for years to come.

Happy Birthday, and Semper Fidelis.

*General C.E. Mundy, Jr.,
Commandant of the Marine Corps*



Fun at Hospital Corps 97th B'Day



Who's At Risk For Skin Cancer?

By Charlotte Meinecke, R.N., Nurse Educator, Naval Hospital

Approximately 600,000 new cases of skin cancer are diagnosed each year. One in every six American is expected to develop some form of skin cancer in his/her lifetime. Fortunately, only a few are fatal. With early detection 90 percent of skin cancer can be cured. When it occurs, the skin appears to change in texture or color and a sore or nodule may develop on your skin (skin cancer itself is an uncontrolled growth of abnormal cells). These skin changes usually can be seen with the naked eye. Again, ninety percent can be cured if treated early.

The most common cause of skin cancer is excessive exposure to ultraviolet light (sun and tanning beds). Living here in the Mojave Desert, exposure to ultraviolet light is routine! Genetic factors also play a part in the tendency to develop skin cancer. Some chemicals and diseases may also increase a person's risk of developing skin cancer. You need to be especially careful if the following specific characteristics apply to you:

- Have a family history of skin cancer;
- Have a childhood history of severe sunburns;
- Are fair-skinned;
- Freckle easily;
- Have light colored eyes or hair;
- Have an outdoor job;
- Spend long periods in the sun;
- Frequently visit tanning salons;
- Sunburn easily; and
- Take certain antibiotics, antihistamines, or other medications.

Are you at risk for developing skin cancer? YES. Everyone is at risk for developing skin cancer. Many skin cancers occur on the face, neck, and ears, but they may also appear elsewhere on the body. Symptoms of skin cancer may include:

- Sores in the skin that do not heal;
- A craterlike lesion (ulcer) on the skin;
- Any sore that oozes fluid, blisters, or has a crusty texture;
- A change in color on part of skin;
- Bleeding, itching, or pain;
- Scar-like patch of skin that looks yellowish white and/or waxy;
- A mole that changes appearance in size, color, texture, shape, or sensation; or
- If you have previously had skin cancer, you are at a higher risk to have it recur.

It is important to be aware of your skin's condition and to know how to examine your skin.

To do so, examine the front and back of your body in a mirror. Lift your arms and check your left and right sides; bend your elbows and examine your forearms and upper underarms. Then check your palms; examine the back of your legs/feet, be sure to check between your toes and the soles of your feet; use a hand mirror to help you examine the back of your neck and scalp; part your hair to get a better look. Balding spots and receding hairlines should be carefully inspected; use a hand mirror to help you examine your lower back and buttocks.

How can you prevent skin cancer? Wear clothing and hats that cover you. Avoid mid-day sun whenever possible. Use sunscreen lotions to protect against ultraviolet light when you must be outdoors. The higher the SPF (sun protection factor), the greater the protection. The American Cancer Society recommends that you use a lotion with an SPF value of no less than 15. Remember to cover sensitive areas:

ears, lips, bald heads, back of neck, throat, and tops of feet and hands.

Use sunscreen regularly, even if you don't plan to spend much time outdoors. Sunscreen works best if applied 30 minutes before going outside. The screening agent needs time to react with your skin before it begins to become effective. Reapply when you are in the sun for long periods of time or if it washes off.

Help your children develop good sun awareness habits. It is reported that one severe sunburn in childhood can significantly increase your child's risk of getting skin cancer during their lifetime. To keep you kids safe in the sun:

- Keep infants and toddlers out of direct sunlight whenever possible.
- Ask your health care provider about sunscreens for children under 2 years old.
- After age 2, use a sunscreen of at least SPF 15, preferably higher, on your children outdoors.
- Reapply sunscreen often and after swimming.
- Have your children wear sunglasses and wide-brimmed hats outdoors.
- Provide a shady place for outdoor play.
- Protect your own skin, children learn by example.

Because we live and work in the Mojave desert, it is important to understand how to prevent damage to our skin. Questions? For more information about this and other topics, please call Charlotte Meinecke, R.N., Nurse Educator, 830-2218.

Fairwell CDR Clement...



Commander Paul Thomas Clement, NC, USN recently retired from the U.S. Navy. CDR Clement will now reside in Clarksville, Tennessee.

Understanding Tuberculosis -- 'What you Should Know'

By Donna Templeton
Infection Control Nurse

What is Tuberculosis (TB)? It's a disease caused by a tiny germ that is breathed into the lungs. TB germs get into the air when someone who has TB sneezes, coughs, or speaks. The most common way to get TB germs is by spending a lot of time indoors with someone who has TB disease. However, TB germs are not spread on dishes, drinking glasses or other objects.

Why should you learn about TB? Because you could have TB germs in your body and not even know it. Millions of people have TB germs and don't feel sick. But, people with TB germs may need treatment to keep from getting sick, or even dying. Treatment is the only way to beat TB!

How do TB germs cause problems? TB germs are breathed into the lungs and start to multiply. Some TB germs may travel to other parts of the body, such as the kidneys, bones, and brain. The person now has TB infection. The body fights back but usually cannot kill all of the germs. Some people may get very sick at this point, but most people do not. The body's defenses build a wall (capsule) around the germs. These germs go into a "sleeping stage", and the person feels fine. However, the germs may suddenly "wake up", break out of their capsules, and start to multiply. This may happen in a year or many years later. It usually happens when the body is weak from fighting other infections and diseases, such as: infection with HIV (the germ that causes AIDS), diabetes, kidney disease, pneumonia, or cancer. When the TB germs break out of their capsules, the person has TB disease.

TB infection and TB disease are different. A person with TB infection has TB germs in his or her body, but: has no signs of illness and cannot spread TB germs to others. Treatment at this point can prevent TB germs from causing TB disease. A person with TB disease has the TB germs and: has signs of illness, which may include a cough, tiredness, weakness, fever, weight loss, and spitting up blood, and can pass TB germs to others, unless the person with TB disease is taking pills to fight TB. TB disease can cause serious illness and death, unless it is treated.

Is there a test for TB? Yes, a skin test can help show if there are TB germs in your body. Certain people should have the test, including people who are infected with HIV, live or work in correctional institutions, live or work in nursing homes or mental institutions, work in health-care facilities, live with, or are in close contact with, someone who has or may have TB, have any signs of TB, come to the U.S. from a country where a lot of people have TB, and/or use needles to inject ("shoot") drugs.

How is the test done? Testing for TB germs is simple. A harmless substance is injected under the skin on your arm. (Do not scratch the skin where you were tested.) A health-care professional checks the skin 2 or 3 days later for any swelling. Its very important that you return to have your skin test checked on the day you are told to! You are given the results of the test and told if you need further tests. If your skin test shows you are "negative", this means that you probably do not have TB germs in your body. However, you may need another skin test to make sure. If you have HIV, your doctor may want you to have other tests. The skin test doesn't always detect TB germs in people with HIV. If your skin test is positive, this means that you have TB infection. TB germs got into your body at some point in time. A positive test result does not show that you have TB disease or that you can infect others, but your doctor may want you to have a chest X-ray and possibly some other tests to see if you have TB disease and what kind of treatment you need. You may be advised to have a test for HIV as well. People with HIV have a greater risk of getting TB. If you have HIV, it's important to get

counseling and treatment as soon as you can. The type of treatment will depend on whether you have TB infection (this is usually treated with a drug called "INH") or TB disease (this is usually treated with "INH" plus other drugs). The drugs work together to get rid of the TB germs in your body. Most people can be treated at a clinic, doctor's office, or other place outside the hospital. You should tell your doctor right away if you feel very tired, have an upset stomach, do not feel like eating, have a rash, yellow skin or eyes, or dark colored urine, and/or feel sick in any way.

Drugs are the only way to wipe out TB! It is very important that you follow instructions for taking pills, and take them for as long as your doctor says. Take them even if you feel fine. TB germs can be tricky. Just because you feel OK doesn't mean all of the germs are dead! Go for all check-ups! Your doctor needs to see if the drugs are working. If you don't take all your pills exactly as you are told to, the TB germs could get stronger and make you very sick, become drug-resistant (making treatment difficult) or impossible in some cases, or be more likely to infect others. TB is a serious illness. Get tested if you think you might have TB germs in your body and follow your doctor's orders for taking any TB drugs. **YOU CAN FIGHT TB -- and WIN!**

Information Age...

Continued from page 4.

radiography at medical and dental treatment facilities, with the capability to transmit images to other sites. Still image systems will transmit photographic quality hard copy images from one site to another for clinical consultations, and will include microscopic images to support pathology consultations. Telemedicine has direct applications to both operational and conventional healthcare settings. When fully implemented, telemedicine technology has the potential to save over \$14 million dollars per year in training and patient transportation expenses for the Navy Medical Department, while simultaneously improving the quality of healthcare available to all beneficiaries." Given our remote location and limited specialties, we can demonstrate a need for telemedicine. MCAGCC Battalion Aid Stations could be linked to us, and we could be linked to our sister tertiary care hospital at San Diego.

In sum, I am excited about Naval Hospital Twentynine Palms entering the Information Age. I recommend you do the following to prepare yourself for the times to come:

- Go to a big bookstore in a mall and browse the section on computers. Pick up a book on the Internet or the World Wide Web from the many that are available.
- Subscribe to Wired Magazine, which is rapidly becoming the hard copy source of information for persons who want to become connected.
- Buy yourself a personal computer and learn how to use it. For under \$1000 you can purchase a used 386.
- Consider getting connected to a commercial service, especially if you have kids, who need to do research projects for school. For \$10.00 per month, you can get 5 hours unlimited access on America On Line, including access to the Internet. The only drawback here is that we are not located by a toll free access line, and one has to pay .10/minute to access Sprintnet or another telecommunications service in Victorville or Palm Desert. But it is still cheaper than buying an Encyclopedic Britannia, and the information is always current.

Personnel desiring additional information or a demonstration of the many sources of information available via these systems may contact me at extension 2250.

First Healing Touch Course presented at Naval Hospital

The Nursing Directorate recently sponsored the first Healing Touch Level I course taught by one of the Navy Nurse Corps finest professionals, Commander Steve Anderson, who is a Certified Healing Touch Instructor.

This course was presented for 24 members of the nursing staff at Naval Hospital Twentynine Palms and was an overwhelming success. The participants received certification as Level I providers and the enthusiasm and interest was so widespread, that we plan to have CDR Anderson present another Level I course in the fall. Lieutenant Commander Nancy Silki will be facilitating an on-going provider support group for patient and staff wellness promotion. "We will be developing and incorporating Healing Touch in our standard Nursing Protocols. The Nursing staff at this hospital believes in empowering patients and staff to assume personal responsibility for achieving health," said CDR Silki.

Healing Touch is an approach to helping individuals by restoring balance in the human energy field. The work is complementary to other modalities in health care and often brings about a decrease in pain sensation, increased efficacy of medication, relief of anxiety, and acceleration of the body's own restorative process. Healing Touch is used as a resource for health care professionals to promote patient wholeness and wellness. It complements medical practice, and is used as an adjunct to other therapies, not in place of them.

The Healing Touch program, developed and sponsored by the American Holistic Nurses Association (AHNA), has a multi-level training program. As participants develop their expertise through the five major courses (level II, II-A, II-B, III-A III-B) and extensive experiential learning, they become eligible for national certification through the association.

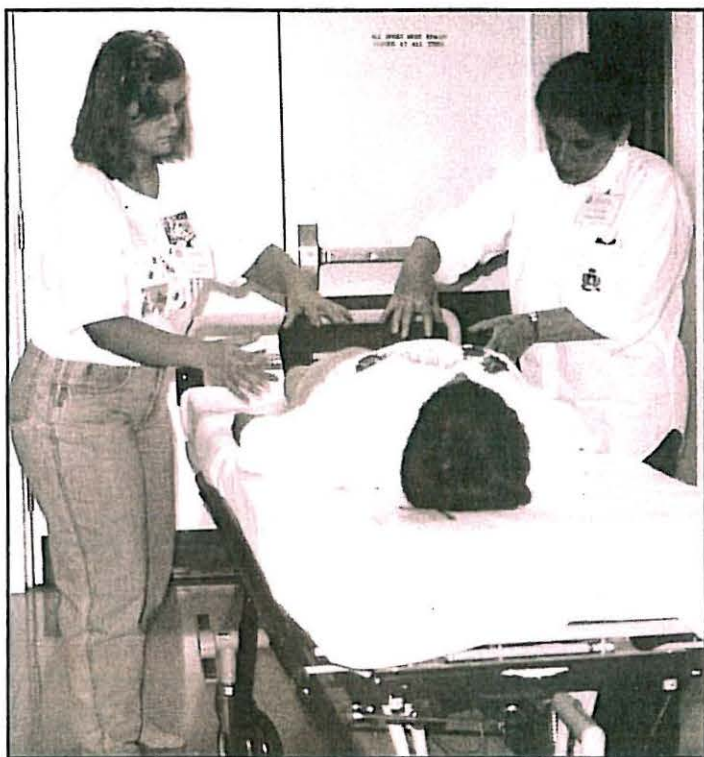


The first graduating class of the Healing Touch Level I course at Naval Hospital Twentynine Palms.

Naval Hospital Reups...



One reenlists in the traditional way; another reups creatively.



HN Christina Ehlers, left, and Lt. Louise Hammonds on the right practice the Healing Touch technique on HA Tammy Barbier.

Letters...

Pleasantly surprised

Dear Commander,

Several weeks ago I inquired of the possibility that your hospital may be able to procure for me a set of hearing aids.

Alas it was not to be.

But, I was pleasantly surprised with the help and information that I received from Ensign Batschi. He made several attempts to find a source, phoned me with several suggestions and to me, went out of his way to help a fellow officer or comrade in arms.

It gave me a nice warm feeling to be treated and regarded in such a fashion. The Navy not only takes care of its own, but fellow comrades as well.

You have a fine young considerate man in Ensign Batschi. You must be proud of your command sir, and I envy you.

My sincere thanks to Ensign Batschi for off of his concern and compassion. It was refreshing.

Sincerely,

Francis T. Manning
Colonel, USAF Retired

Thank you Dr. Anderson

Dear Captain Chitwood,

I am the spouse of Staff Sergeant Branum. I am writing you this letter in regards to a visit on February 7, 1995. Our 17-month old daughter Danielle started a high fever, I called the Same Day appointments and scheduled a visit with Dr. Anderson of Pediatrics. Dr. Anderson requested work-ups in both urine and blood. Dr. Anderson's diagnosis was flu. That Friday evening our daughter's fever increased, and I couldn't get it to go down. I rushed Danielle to the Emergency Room. The attending physician increased her Tylenol and Advil. On Saturday morning, Dr. Anderson went to the hospital to call my husband and I at home (off station) to find out how Danielle was doing. I explained to Dr. Anderson that our family made a trip to the Emergency Room, Dr. Anderson told me that she wished that she would have been called because she was following Danielle. Dr. Anderson began to discuss some of the lab work-ups that had come back, she asked me for our phone number to our quarters and called me that Sunday. On a different occasion Danielle had an ear infection, Dr. Anderson suggested antibiotics. My husband expressed concern over the fact that Danielle has in the past received antibiotics numerous times and that we were concerned the antibiotics may have a somewhat diminished effect if Danielle built up a tolerance to the antibiotic. Dr. Anderson understood my husband's concerns and recommended ear drops instead. Dr. Anderson takes great care of my daughter and by her follow up phone calls is genuinely concerned about us. I greatly appreciate a professional such as Dr. Anderson. Dr. Anderson is a definite asset to our family, and I am sure the medical community.

Sincerely,

Darcy R. Branum

A fine department

Dear Captain Chitwood,

On 23 May, I had an appointment with the optometry clinic. After driving for over two hours, I was tired, wind blown and in pain (I am in need of a hip replacement). Upon my arrival, I was greeted by a cordial staff. This helped to make me feel more comfortable and in better humor.

Commander Harris gave me a most thorough eye examination. He explained possible causes for my symptoms and assuaged my concerns.

I also take this opportunity to commend HM2 Miller. His proficient, professional and pleasant manner distinguished him as

being outstanding.

Congratulations on having such a fine department and personnel who uphold excellence in military medicine.

Sincerely,

Dorothy M. Andrus
Major, USAF: NC (Ret)

Great staff

Dear Editor,

Sue Green displayed exceptional patient and customer service. She listened to my concerns and needs and went beyond the norm to help me. She is a great asset to your team.

DT2 LynAnn Jones
23rd Dental Company

Examiner Want Ads...

Ultimate desert residence. 1,900 sq. ft. 3 BR/3BA with fireplace, Jenn-Aire range, sunken family room. Beautifully landscaped with inground pool. Secluded on 2 1/2 acres. Dead-end road with magnificent view. For sale at \$127,500 (negotiable) or rent for \$950 per month. Call owner (Drs. Petre) at 367-2415 or Libby's Realty (Barbara Dunn) at 367-9521.

Furniture for sale: Four bar stools: thick padded, back rest, wood arm rest, swivels, beautiful beige fabric. \$200. Call 367-7607 after 5 p.m. or ext. 2394.

For sale: Black Harley Davidson Motorcycle jacket. Hardly worn. Size 42. Paid \$265, asking \$150.

Electric Guitar, Japanese maker, dual pick up Tail piece, sun burst design, works great, asking \$100. Contact Bob Pilgrim in the Aetna Champus office at 830-7551 or home 367-9429.

Custom built home: 3 bedrooms, 2 bath, formal dining room, sunken living room, stone fireplace, tile floors, 2 covered patios, fenced, desert landscaping. Asking \$117,000 or will lease. Call (619) 367-5839 and ask for Larry or Judy.

For Sale or Lease: 3 bedroom, 1.5 bath home. 16X30 above ground pool, double carport, 1,803 sq. ft. Large fenced yard, 60' covered patio, landscaped. \$81,500 or \$685 per month lease (minimum 1 year). Call (619) 830-2189 for more information.

House for rent. Joshua Tree, Friendly Hills area. 3 bedrooms, 1 3/4 baths, fireplace, dishwasher, disposal, stove, laundry room, natural gas, large screened porch, large yard with trees and flowers, covered patio, fully fenced, new roof and swamp cooler. Cable ready. Available now. \$600 per month. Call (619) 366-8833.

Looking for: A car top carrier in good shape. Must be big enough to hold camping supplies. Also looking for a 17 to 20 foot bass boat with 50-60 hp engine. Call Commander Connors at extension 2250.

Lovely House For Rent in Joshua Tree. 2,100 sq. ft., 2 bdrms, 1-3/4 bath, fireplace, planters and small pond in living room, kitchen with floor to ceiling ceramic tile, built-in refrigerator and built-in freezer, gas stove top, electric oven, dishwasher, disposal, walk-in pantry, separate dressing room, huge den with bar, washer-dryer area, oversized double garage, block wall fence surrounding 2 level back yard, cable ready, swamp cooler and refrigerated air. Spotless. Available now. \$700. 366-8833.

1991 Yamaha VMAX 1200cc. 26,000 miles. \$4,000 OBO. Call Steve at 367-9263.

To find out how to get your ad here, call the Public Affairs Office at ext. 2362.

Naval Hospital Hard Chargers...



Lieutenant Commander Lee Schreiber gets his new shoulder devices "installed."



"Bull" Ensign Kearney, where's Ferdinand?



Naval Hospital 29 Palms Frocks new 3rd Class Petty Officers.



Lieutenant junior grade Tiffany Monaco, takes the oath and gets promoted.



Lt. Karie Anderson greets a group of students who recently toured the hospital.



HM1 Catalino Sipriaso of the hospital's Lab, gets a fond farewell from Capt. Chitwood.